

BEST AVAILABLE COPY

POSITION	ID NO.	DATE
CLASSIFIER	21	9/8/93
EXAMINER	300	9-9-93
TYPIST	18	11-17
VERIFIER	201	11-17
CORPS CORR.		
SPEC. HAND		
FILE MAINT.	←	11-10 9/13/93
DRAFTING		

INDEX OF CLAIMS

RECEIVED
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GROUP 350

Claim	Date
1	9/4/93
2	30/29
3	9/4/93
4	11
5	11
6	11
7	11
8	11
9	11
10	10
11	11
12	11
13	11
14	11
15	11
16	11
17	11
18	11
19	11
20	11
21	0
22	11
23	0
24	0
25	0
26	11
27	11
28	11
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30	11
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38	11
39	11
40	11
41	0
42	0
43	0
44	0
45	0
46	0
47	0
48	0
49	0
50	0

SYMBOLS
 ✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
51	9/4/93
52	30/29
53	9/4/93
54	11
55	11
56	11
57	11
58	11
59	11
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99	11
100	11